

Petition for small entity status

Form 10-3 attached

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

As the below named inventor(s), I/we declare that:

This declaration is directed to:

The attached application, or

Application No. _____, filed on _____,

as amended on _____ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR(S)

Inventor one: William Kenneth Bowman Jr.

Signature: pp Bill Bowman Citizen of: USA

Inventor two:

Signature: _____ Citizen of: _____

Inventor three:

Signature: _____ Citizen of: _____

Inventor four:

Signature: _____ Citizen of: _____

Additional inventors are being named on _____ additional form(s) attached hereto.

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/01 (10-00)

Approved for use through 10/31/2002, OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted Declaration Submitted after Initial
With Initial Filing (surcharge
Filing (37 CFR 1.16 (e))
required)

Attorney Docket Number	
First Named Inventor	
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Medicine organizer device

the specification of which *(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
none			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

ApplicationNumber(s)	Filing Date (MM/DD/YYYY)	
60/275,537	02/20/2001	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/01 (10-00)

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number
or Bar Code Label OR Correspondence address below

Name	John Dodds		
Address	1707 N St., NW		
Address			
City Washington	State DC	ZIP 20036	
Country USA	Telephone (202) 463-3275	Fax (202) 463-3278	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name William Kenneth		Family Name Bowman or Surname	
Inventor's Signature <i>PP Bill Bowman</i>			Date
Residence: City Moon Twp.	State PA	Country USA	Citizenship USA
Mailing Address 207 Pine Drive			
Mailing Address			
City Moon Twp	State PA	ZIP 15108	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto			

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) & 1.27(b))--INDEPENDENT INVENTOR		Docket Number (Optional)									
<p>Applicant, Patentee, or Identifier: William Kenneth Bowman, Jr.</p> <p>Application or Patent No.:</p> <p>Filed or Issued:</p> <p>Title: Medicine organizer device</p> <p>As a below named inventor, I hereby state that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office described in:</p> <p><input checked="" type="checkbox"/> the specification filed herewith with title as listed above.</p> <p><input type="checkbox"/> the application identified above.</p> <p><input type="checkbox"/> the patent identified above.</p> <p>I have not assigned, granted, conveyed, or licensed, and am under no obligation under contract or law to assign, grant, convey, or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).</p> <p>Each person, concern, or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:</p> <p><input checked="" type="checkbox"/> No such person, concern, or organization exists.</p> <p><input type="checkbox"/> Each such person, concern, or organization is listed below.</p> <p>Separate statements are required from each named person, concern, or organization having rights to the invention stating their status as small entities. (37 CFR 1.27)</p> <p>I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))</p> <p>William K Bowman, Jr.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%; padding: 5px;">NAME OF INVENTOR <u>pp Bill Bowman</u></td> <td style="width: 33.33%; padding: 5px;">NAME OF INVENTOR</td> <td style="width: 33.33%; padding: 5px;">NAME OF INVENTOR</td> </tr> <tr> <td style="padding: 5px;">Signature of inventor</td> <td style="padding: 5px;">Signature of inventor</td> <td style="padding: 5px;">Signature of inventor</td> </tr> <tr> <td style="padding: 5px;">Date</td> <td style="padding: 5px;">Date</td> <td style="padding: 5px;">Date</td> </tr> </table>			NAME OF INVENTOR <u>pp Bill Bowman</u>	NAME OF INVENTOR	NAME OF INVENTOR	Signature of inventor	Signature of inventor	Signature of inventor	Date	Date	Date
NAME OF INVENTOR <u>pp Bill Bowman</u>	NAME OF INVENTOR	NAME OF INVENTOR									
Signature of inventor	Signature of inventor	Signature of inventor									
Date	Date	Date									

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	
	Filing Date	
	First Named Inventor	William Kenneth Bowman Jr.
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	

I hereby appoint:													
<input type="checkbox"/> Practitioners at Customer Number <input data-bbox="563 481 840 517" type="text"/> → <i>Place Customer Number Bar Code Label here</i>													
OR													
<input checked="" type="checkbox"/> Practitioner(s) named below:													
<table border="1" style="width: 100%;"> <thead> <tr> <th>Name</th> <th>Registration Number</th> </tr> </thead> <tbody> <tr> <td>John Dodds</td> <td>45,533</td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>		Name	Registration Number	John Dodds	45,533								
Name	Registration Number												
John Dodds	45,533												
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.													
Please change the correspondence address for the above-identified application to:													
<input type="checkbox"/> The above-mentioned Customer Number. OR													
<input checked="" type="checkbox"/> Firm or Individual Name	John Dodds												
Address	1707 N St., NW												
Address													
City	Washington	State	DC	ZIP	20036								
Country	USA												
Telephone	(202) 463-3275	Fax	(202) 463-3278										
I am the:													
<input checked="" type="checkbox"/> Applicant. <input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</i>													

SIGNATURE of Applicant or Assignee of Record

Name	William Kenneth Bowman Jr.
Signature	<i>pp. Bill Bowman</i>
Date	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below*.

*Total of forms are submitted.

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2-8-2002

THIS IS A GENERIC
POWER OF ATTORNEY
TO GIVE ATTY. JOHN
DODDS PERMISSION TO
ACT ON BEHALF OF
WILLIAM K. BOWMAN, JR.'S
PATENT WORK

Wm Bowman, Jr.
WILLIAM K. BOWMAN, JR.